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MARGIN RESERVED FOR BINDING
N. B.—WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				County <u>Pima</u> State <u>Arizona</u>		State File No. <u>303</u>	
Township <u>40</u> or Village _____				City _____		Registered No. _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				No. _____ St. _____ Ward _____			
Length of residence in city or town where death occurred <u>28</u> yrs. <u>0</u> mos. <u>0</u> ds.				How long in U. S. if of foreign birth? <u>110</u> yrs. <u>0</u> mos. <u>0</u> ds.			
2. FULL NAME <u>John H. Merrill</u>				(a) Residence: <u>Romero Ariz</u> St. _____ Ward _____		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>May 6, 1933</u>	
5a. If married, widowed, or divorced		HUSBAND of <u>Rita Merrill</u>		(or) WIFE of _____		22. I HEREBY CERTIFY, That I attended deceased from <u>April 1, 1933</u> to <u>May 6, 1933</u>	
6. DATE OF BIRTH (month, day, and year) <u>Oct 7, 1889</u>				I last saw him alive on <u>May 6, 1933</u> ; death is said to have occurred on the date stated above, at <u>12:30</u> p.m.			
7. AGE		Years <u>45</u> Months <u>6</u> Days <u>7</u>		If LESS than 1 day, hrs. or min.		The principal cause of death and related causes of importance were as follows: <u>Emphysema</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Auto Mechanic</u>		Date of Onset _____		Resisting into Pneumonia	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>own Shop</u>		Other contributory causes of importance: <u>Chronic Hepatitis</u>			
10. Date deceased last worked at this occupation (month and year) <u>to date</u>		11. Total time (years) spent in this occupation <u>20 yrs</u>		Name of operation <u>None</u> Date of _____		What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>	
12. BIRTHPLACE (city or town) <u>St. Louis</u> (State or country) <u>Mo</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____			
13. NAME <u>Robert Merrill</u>		14. BIRTHPLACE (city or town) <u>Do not know</u> (State or country) _____		Where did injury occur? _____ (Specify city or town, county and State)		Specify whether injury occurred in industry, in home, or in public place.	
15. MAIDEN NAME <u>Lillian</u>		16. BIRTHPLACE (city or town) <u>Do not know</u> (State or country) _____		Manner of injury _____		Nature of injury _____	
17. INFORMANT <u>Mrs. Rita Merrill</u> (Address) <u>40 Arizona</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
18. BURIAL, CREMATION, or DISPOSITION Place <u>40 Ariz</u> Date <u>5/8</u> 19 <u>33</u>				If so, specify _____			
19. UNDERTAKER <u>J. F. Lyman</u> (Address) <u>40 Ariz</u>				(Signed) <u>J. F. Lyman</u> M. D.			
20. Filed <u>June 3, 1933</u> <u>Clathorne</u> Registrar				(Address) <u>40 Arizona</u>			